

**Appendix 9: Household Questionnaire**  
**ZAMBIA HEALTH AND WELL-BEING SURVEY ZAMBIA: HOUSEHOLD QUESTIONNAIRE**

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>		
H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... 1 FEMALE..... 2	
H3	How old are you?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
H4	What is the <u>main</u> source of drinking water for members of your household?	PIPED WATER..... 1 TUBE WELL/ BOREHOLE ..... 2 PROTECTED DUG WELL..... 4 UNPROTECTED DUG WELL..... 5 WATER FROM SPRING..... 6 RAINWATER..... 7 TANKER WATER..... 8 CART WITH SMALL TANK..... 9 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM) ..... 10 BOTTLED WATER..... 11 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H5	What kind of toilet facility do members of your household <u>usually</u> use?  IF "FLUSH" OR "POUR FLUSH", PROBE: Where does it flush to?	FLUSH TOILET ..... 1 PIT LATRINE VENTILATED ..... 2 PIT LATRINE WITH SLAB ..... 3 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 4 COMPOSITING TOILET ..... 5 BUCKET TOILET ..... 6 HANGING TOILET/ HANGING <del>LETRINE</del> LATRINE..... 8 → NO FACILITY/BUSH/FIELD..... 88 OTHER (SPECIFY) ..... 99 → DON'T KNOW/DECLINED.....	H8 H8

H6	Do you share this facility with other households?	YES ..... 1 NO ..... 2 DON'T KNOW/DECLINED ..... 99																																	
H7	Does your household have:  A. Electricity B. A paraffin lamp C. Radio D. Television E. Telephone F. Internet Access G. Refrigerator  <b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH G.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK/ DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>B. PARAFFIN LAMP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>C. RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>D. TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>E. TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>F. INTERNET ACCESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>G. REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>		YES	NO	DK/ DTA	A. ELECTRICITY	1	2	99	B. PARAFFIN LAMP	1	2	99	C. RADIO	1	2	99	D. TELEVISION	1	2	99	E. TELEPHONE	1	2	99	F. INTERNET ACCESS	1	2	99	G. REFRIGERATOR	1	2	99	
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H8	What type of fuel does your household <u>mainly</u> use for cooking?	ELECTRICITY ..... 1 SOLAR POWER ..... 2 LIQUEFIED PETROLEUM GAS (LPG) ..... 3 BIOGAS ..... 4 KEROSENE ..... 5 COAL, LIGNITE ..... 6 CHARCOAL ..... 7 WOOD ..... 8 STRAW/SHRUB/SGRASS ..... 9 ANIMAL DUNG ..... 10 NO FOOD COOKED IN HOUSEHOLD ..... 11 OTHER (SPECIFY) ..... 88 DON'T KNOW/DECLINED ..... 99																																	
H9	RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR.  <i>(Observe or ask)</i>	EARTH/SAND ..... 1 DUNG ..... 2 WOOD PLANKS ..... 3 PALM/BAMBOO ..... 4 BROKEN BRICKS ..... 5 PARQUET /POLISHED WOOD ..... 6 VINYL/ASPHALT STRIPS ..... 7 CERAMIC TILES ..... 8 CEMENT ..... 9 CARPET ..... 10 OTHER (SPECIFY) ..... 88																																	

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H10	RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF. <i>(Observe or ask)</i>	NO ROOF..... 1 THATCH/PALM LEAF..... 2 RUSTIC MAT..... 3 PALM/BAMBOO/GRASS..... 4 WOOD PLANKS..... 5 CARDBOARD..... 6 IRON SHEETS..... 7 WOOD..... 8 CALAMINE/CEMENT FIBER..... 9 CERAMIC TILES..... 10 CEMENT..... 11 ROOFING SHINGLES..... 12 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H11	RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. <i>(Observe or ask)</i>	NO WALLS..... 1 CANE/PALM/TRUNKS..... 2 DIRT..... 3 BAMBOO/TREE TRUNKS WITH MUD..... 4 STONE WITH MUD..... 5 PLYWOOD..... 6 CARDBOARD..... 7 REUSED WOOD..... 8 CEMENT..... 9 STONE WITH LIME CEMENT..... 10 BURNT BRICKS..... 11 UNBURNT BRICKS..... 12 CEMENT BLOCKS..... 13 WOOD PLANKS..... 14 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H12	How many rooms are there in this household?	NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
H13	How many rooms in this household are used for sleeping?	NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	

H14	<p>Does any member of your household own:</p> <p>A. Watch B. Bicycle C. Motorcycle or Scooter D. Oxcart E. Car or Truck</p> <p><b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E.</b></p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/ DT A</th> </tr> </thead> <tbody> <tr> <td>A. WATCH</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. BICYCLE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. MOTORCYCLE OR SCOOTER</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. OXCART</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. CAR OR TRUCK</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/ DT A	A. WATCH	1	2	99	B. BICYCLE	1	2	99	C. MOTORCYCLE OR SCOOTER	1	2	99	D. OXCART	1	2	99	E. CAR OR TRUCK	1	2	99	
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H15	Does any member of this household own any agricultural land?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H16	Does this household own any livestock, herds, other farm animals or poultry?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H17	Does any member of this household have a bank account?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H18	<p>ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS</p> <p>In the past year, have any of the adults in the household been ill for 3 or more months?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H19	<p>ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS</p> <p>Have any adults in this household died in the past 12 months?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H20	<p>ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS</p> <p>Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									
H21	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>																									

	Did the child(ren) living in your household ever skip meals because there was not enough food or money?		
H22	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS  Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick or has died?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ H24
H23	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS  Are/is the (other) child(ren) living in this household because their own parent is sick or has died?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H24	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS  Has the [AGE] year old [M/F] born on [DOB] lived outside of family care in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ H26
H25	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS  Has/have the (other) child(ren) in this household lived outside of family care in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H26	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS  Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ END
H27	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS  Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	